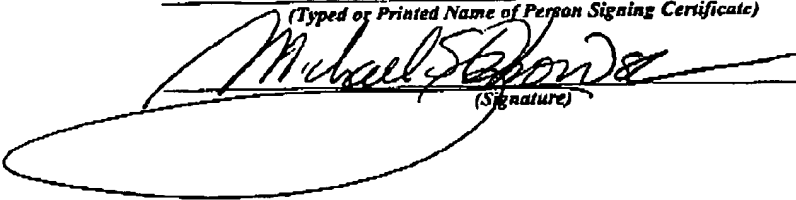



<b>CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)</b>			Docket No. 121043-003
Applicant(s): Akiko SAITO et al.			
Serial No. 10/050,242	Filing Date January 16, 2002	Examiner Gloria Hale	Group Art Unit 3765
Invention: <b>DISPOSABLE SURGICAL GOWN</b>			
			RECEIVED CENTRAL FAX CENTER DEC 16 2003 <b>OFFICIAL</b>
I hereby certify that this <u>Amendment After Final and Amendment Transmittal</u> (Identify type of correspondence)			
is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>703-872-9303</u> )			
on <u>December 16, 2003</u> (Date)			
Michael S. Gzybowski (Typed or Printed Name of Person Signing Certificate)			
 (Signature)			
Note: Each paper must have its own certificate of mailing.			

<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>				<b>Docket No.</b> 121043-003	
Applicant(s): Akiko SAITO et al.					
Serial No. 10/050,242	Filing Date January 16, 2002	Examiner Gloria Hale		Group Art Unit 3765	
Invention: <b>DISPOSABLE SURGICAL GOWN</b>					
<u>TO THE COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	17 -	20 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	3 -	3 =	0 x	\$86.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>
 <input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 12-2136 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
 Signature			Dated: December 16, 2003		
Filed via facsimile transmission					
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"><p>I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</p><p style="text-align: center;">_____ Signature of Person Mailing Correspondence</p><p style="text-align: center;">_____ Typed or Printed Name of Person Mailing Correspondence</p></div>					
cc:					